



IF YOU HAVE ANY QUESTIONS PLEASE CALL:
PMA CALL CENTER
(888) 476-2669

EDWARD MENKE
9920 LORRY PLACE
PHILADELPHIA PA 19114

ADVICE NO.: 803633483B
ADVICE DATE: 10/06/23
ADVICE AMT: \$2,239.54
PAY PERIOD: 09/28/23-10/11/23
PD TO DATE: \$31,353.56
RATE.....: \$1,119.77
VOUCHER NO: C108442443
BILL NO....:

ACCIDENT DT: 03/29/23
PAYMNT TYPE: WORKERS' COMPENSATION
INSURED....: DOUBLE H PLASTICS, INC.
CLAIM NO...
POLICY NO...
INVOICE NO.:
INVOICE DT.:
INVOICE AMT:
IRS NUMBER.:
PATIENT ID.:
INJURED....: EDWARD MENKE

Page 1 of 1

FROM - THRU	BILLING CODE	DESCRIPTION	QTY	BILLED AMT	PAYMENT AMT	REASON
EXPLANATION OF BENEFITS						
Payment Type : TEMPORARY TOTAL DISABILITY						
ONGOING PAYMENT				2239.54		
NET AMOUNT					2239.54	
Memo: CLAIM W003980914						

"Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties."

PMA MANAGEMENT CORP.
ON BEHALF OF
DOUBLE H PLASTICS, INC.

ADVICE NUMBER	DATE	ADVICE
803633483B	10/06/23	*****2,239.54

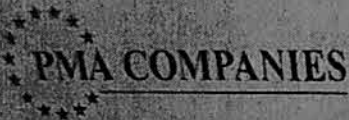
WELLS FARGO BANK N.A.

ADVICE Two Thousand Two Hundred And Thirty Nine And 54/100 US Dollars

TO
THE
ORDER
OF
EDWARD MENKE
9920 LORRY PLACE
PHILADELPHIA PA 19114

THIS IS NOT A CHECK

NON-NEGOTIABLE



IF YOU HAVE ANY QUESTIONS PLEASE CALL:
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EDWARD MENKE
9920 LORRY PLACE
PHILADELPHIA PA 19114

ADVICE NO.: 803675075B
ADVICE DATE: 12/04/23
ADVICE AMT: \$2,239.54
PAY PERIOD: 11/23/23-12/06/23
PD TO DATE: \$40,311.72
RATE: \$1,119.77
VOUCHER NO: C108609483
BILL NO.:

ACCIDENT DT: 03/29/23
PAYMNT TYPE: WORKERS' COMPENSATION
INSURED: DOUBLE H PLASTICS, INC
CLAIM NO.: [REDACTED]
POLICY NO.: [REDACTED]
INVOICE NO.:
INVOICE DT.:
INVOICE AMT.:
IRS NUMBER:
PATIENT ID.:
INJURED: EDWARD MENKE

Page 1 of 1

FROM	THRU	BILLING CODE	DESCRIPTION	QTY	BILLED AMT	PAYMENT AMT	REASON
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EXPLANATION OF BENEFITS

Payment Type : TEMPORARY TOTAL DISABILITY

ONGOING PAYMENT2239.54

NET AMOUNT

2239.54

Memo: CLAIM W003980914

"Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties."

PMA MANAGEMENT CORP.
ON BEHALF OF
DOUBLE H PLASTICS, INC.

ADVICE NUMBER	DATE	ADVICE
803675075B	12/04/23	*****2,239.54

WELLS FARGO BANK N.A.

ADVICE Two Thousand Two Hundred And Thirty Nine And 54/100 US Dollars

ER EDWARD MENKE
9920 LORRY PLACE
PHILADELPHIA PA 19114

THIS IS NOT A CHECK

NON-NEGOTIABLE

Add

VOID NON-NEGOTIABLE**VOID**